

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 34

Primary Registration District No. 5117

Registrar's No. 63-027217

STATE OF MISSOURI

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cedar

Length of stay in 1b Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Ashland

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Boone

c. CITY OR TOWN Ashland

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS Ashland RFD #1

(If outside, give location)

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

James William Cunningham

4. DATE OF DEATH

Month

Day

Year

July 26 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

April 18 1878 77

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Ashland

11. BIRTHPLACE (City and state or country)

Ashland

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Cunningham

13b. MOTHER'S MAIDEN NAME

Lousia Nash

14. NAME OF HUSBAND OR WIFE

Gordelia Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

James Cunningham Columbia

17. INFORMANT

James Cunningham Columbia

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), (r), (s), (t), (u), (v), (w), (x), (y), (z), (aa), (ab), (ac), (ad), (ae), (af), (ag), (ah), (ai), (aj), (ak), (al), (am), (an), (ao), (ap), (aq), (ar), (as), (at), (au), (av), (aw), (ax), (ay), (az), (ba), (bb), (bc), (bd), (be), (bf), (bg), (bh), (bi), (bj), (bk), (bl), (bm), (bn), (bo), (bp), (bq), (br), (bs), (bt), (bu), (bv), (bw), (bx), (by), (bz), (ca), (cb), (cc), (cd), (ce), (cf), (cg), (ch), (ci), (cj), (ck), (cl), (cm), (cn), (co), (cp), (cq), (cr), (cs), (ct), (cu), (cv), (cw), (cx), (cy), (cz), (da), (db), (dc), (dd), (de), (df), (dg), (dh), (di), (dj), (dk), (dl), (dm), (dn), (do), (dp), (dq), (dr), (ds), (dt), (du), (dv), (dw), (dx), (dy), (dz), (ea), (eb), (ec), (ed), (ee), (ef), (eg), (eh), (ei), (ej), (ek), (el), (em), (en), (eo), (ep), (eq), (er), (es), (et), (eu), (ev), (ew), (ex), (ey), (ez), (fa), (fb), (fc), (fd), (fe), (ff), 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PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

2 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

716 25, 1963

20f. CITY, TOWN, OR LOCATION

Mar 30, '63

COUNTY

Mar 30, 1963

STATE

21. I attended the deceased from

7:45 P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard MD

(Degree or title)

22b. ADDRESS

409 university, Columbia Mo 65202

22c. DATE SIGNED

7/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Burial July 28 1963

23c. NAME OF CEMETERY OR CREMATORY

Nashville Cemetery

23d. LOCATION (City, town, or county)

Ashland Mo

24. FUNERAL DIRECTOR

ADDRESS

WM C. Burnett

25. DATE RECD. BY LOCAL REG.

7-27-1963

26. REGISTRAR'S SIGNATURE

Mildred Burnett

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. E. Burnett

Licensed Embalmer No. 3564

P. O. Address Oshland 7710

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.